

TRICARE Fundamentals Course

Module 1

Who We Are and Our History

Participant Guide

Module Objectives

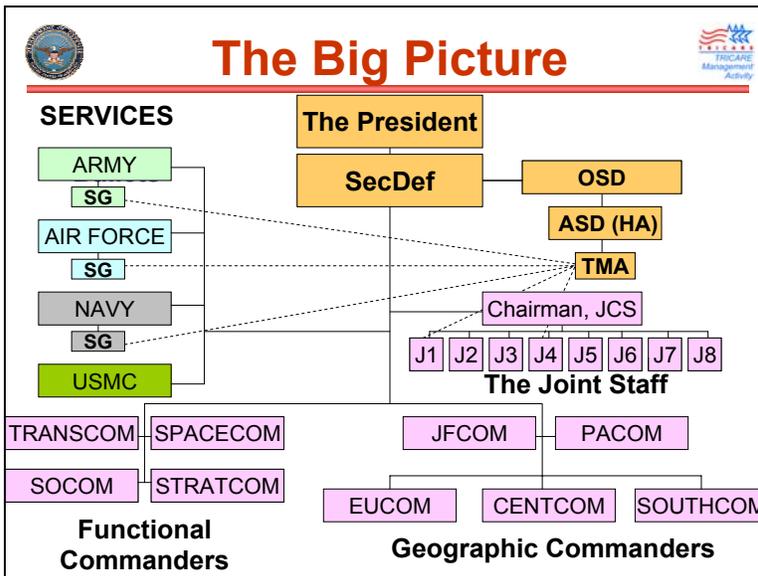


Module Objectives



- **Understand the Military Health System's organization**
- **Identify the TRICARE regions**
- **Define TRICARE and how it evolved to its present program**
- **Explain the purpose of the National Defense Authorization Act (NDAA)**

Who We Are and Our History



The Military Health System (MHS) and responsibilities of the Assistant Secretary of Defense for Health Affairs (ASD/HA)

The MHS is Department of Defense's (DoD's) fully integrated health care system (everything within the military system that is used to provide health care: medical personnel, facilities, programs, funding, and other resources).

- The mission of the MHS is to:
 - Ensure the nation has available at all times a healthy fighting force supported by a combat ready healthcare system.
 - Provide a cost effective, quality health benefit to active duty members, retirees, survivors, and their families.
- The ASD/HA:
 - Provides corporate-level policy and oversight to execute DoD's health care mission.
 - Oversees TRICARE and the consistent, effective implementation of DoD policy throughout the MHS.
 - Works with the Service Secretaries, TRICARE Management Activity (TMA), and the Surgeons General of the Military Departments to integrate MHS with DoD's medical mission.

TMA

- Manages all financial matters of TRICARE
- Executes the policy issued by HA
- Oversees TRICARE's managed health care program for all uniformed services beneficiaries and their families worldwide
- TRICARE is the DoD's worldwide health care program for active duty and retired uniformed services members and their families, and survivors.
- TRICARE is regionally managed.

The Seven Uniformed Services are:

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Public Health Service
- National Oceanic and Atmospheric Administration

TRICARE brings together the health care resources of the Army, Navy, Air Force, and Coast Guard and supplements them with networks of civilian health care professionals to provide better access and high-quality service while maintaining the capability to support military operations.



TRICARE Goals

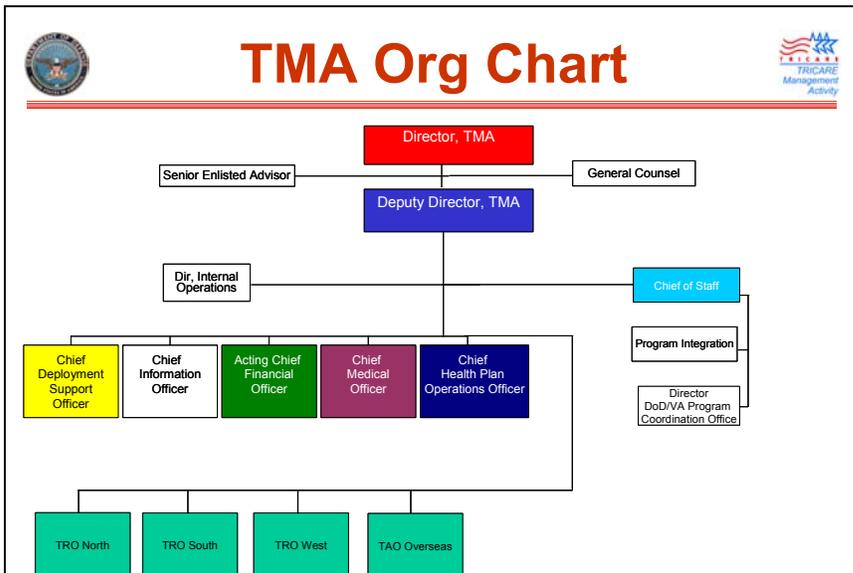


- **Improve Force Health Protection and Medical Readiness.**

- **Improve performance of the TRICARE health program.**

- **Improve coordination, communication, and collaboration with other key entities.**

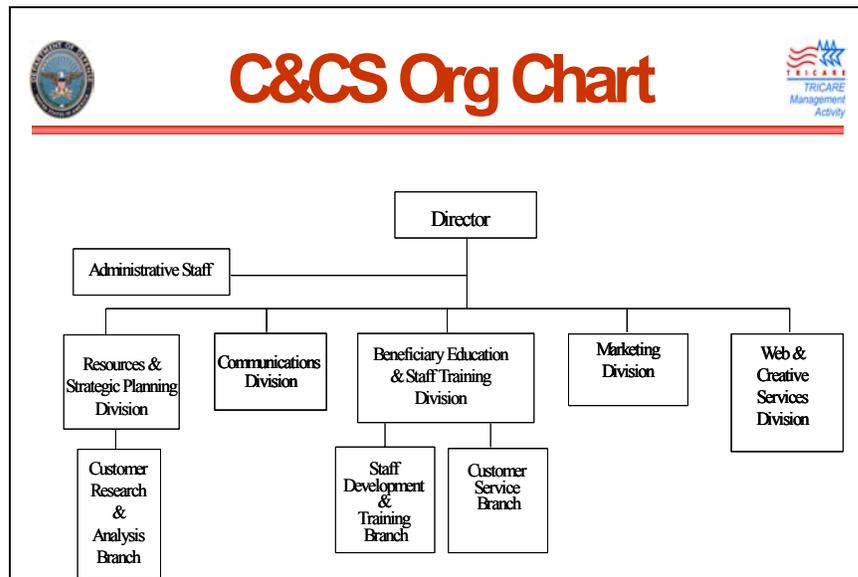
- **Address issues related to the attraction, retention, and appropriate training of uniformed services personnel.**



This is a picture of how the TRICARE Management Activity is organized.

- Some key things to note:
 - The newly formed TRICARE Regional Offices (TRO) and TRICARE Area Offices (TAO) report directly to the TMA Deputy Director.
- There are five major functional offices:
 - Medical Office
 - Deployment Support Office
 - Financial Office
 - Information Office
 - Health Plan Operations Office

Communications and Customer Service (C&CS)



Resources and Strategic Planning Division

- The Resources and Strategic Planning Division:
 - Conducts customer research and market analysis
 - Manages the TRICARE Beneficiary Delphi Council, a TMA-chartered worldwide group of approximately 250 volunteers representing all beneficiary categories serving as a sounding board for new C&CS communication concepts and products.

Communications Division

- The Communications Division uses communications strategies to inform the beneficiary about TRICARE through:
 - News releases
 - Fact sheets
 - The media readiness room
 - The news media
 - Beneficiary associations
 - DoD and Regional contractor communications professionals

Beneficiary Education and Staff Training Division

The Beneficiary Education and Staff Training Division (BEST) is TMA's liaison for TRO/TAO and military treatment facility (MTF) Beneficiary Counseling and Assistance Coordinators (BCACs) and Debt Collection Assistant Officers (DCAOs)

- BEST also:
 - Manages the BCAC/DCAO Portal
 - Answers and resolves beneficiary questions and issues
 - Manages the worldwide call center
 - Writes and updates the frequently asked questions
 - Develops and delivers training courses for BCACs, DCAOs, and their equivalents
 - Communicates information regarding TRICARE programs and activities to the medical, non-medical, line and combatant personnel of all uniformed services including the Reserve Component

Marketing Division

- The Marketing Division:
 - Manages the development of marketing and education materials such as brochures, beneficiary handbooks, and posters
 - Ensures beneficiaries, providers, and other stakeholders receive marketing and education materials

Web and Creative Services Division

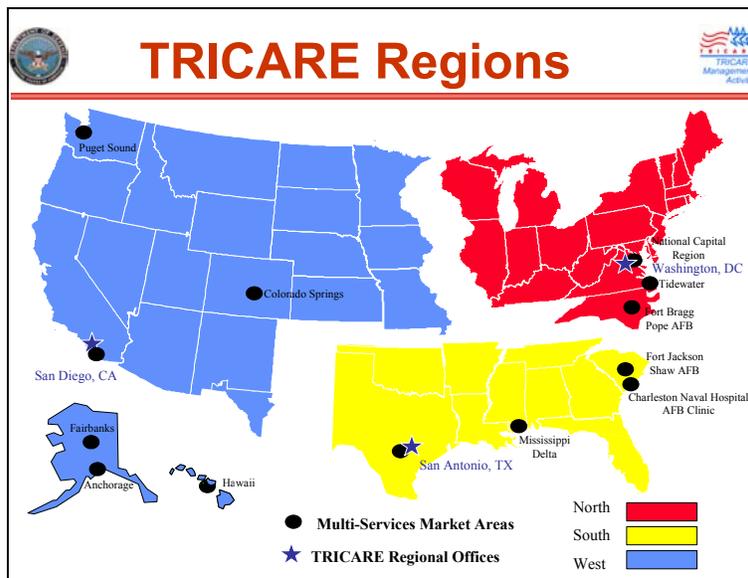
- The Web and Creative Services Division:
 - Manages the TRICARE Web site
 - Writes the annual TRICARE Stakeholders Report
 - Responds to Congressional inquiries

The New TRICARE Regions

Between June 2004 and November 2004, TRICARE transitioned from 11 regions and 7 contractors to 3 regions and 3 contractors stateside to better meet the health care needs of TRICARE beneficiaries.

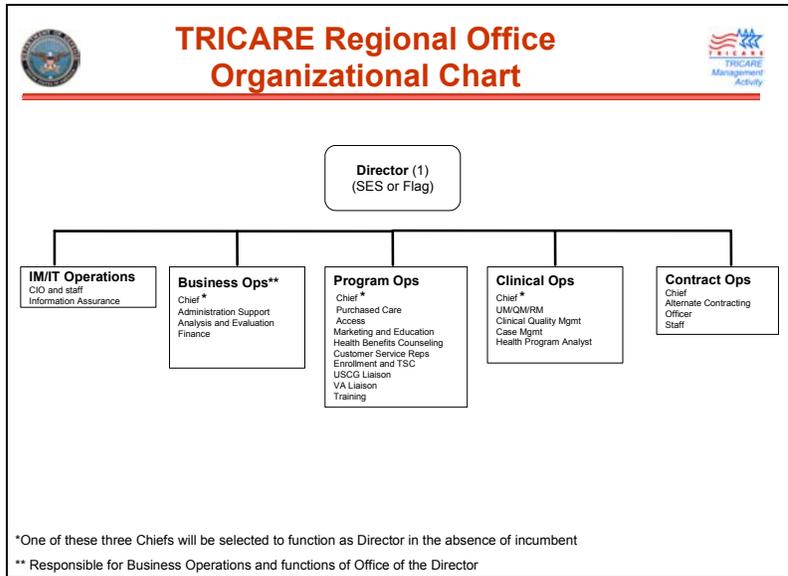
Each of the 3 TRICARE regions in the United States has a regional contractor that helps coordinate medical services available through the MTFs and through a network of civilian hospitals and providers.

- Contractors are being given incentives to provide top performance in:
 - Quality medical outcomes
 - Telephone access
 - Claims payments
 - Beneficiary, MTF Commander, and Regional Director satisfaction
 - Cost control



TRICARE Regional Office

The TRICARE program organizes the MHS into geographic health services regions, each administered by a TRICARE Regional Office Director.



Regional Director

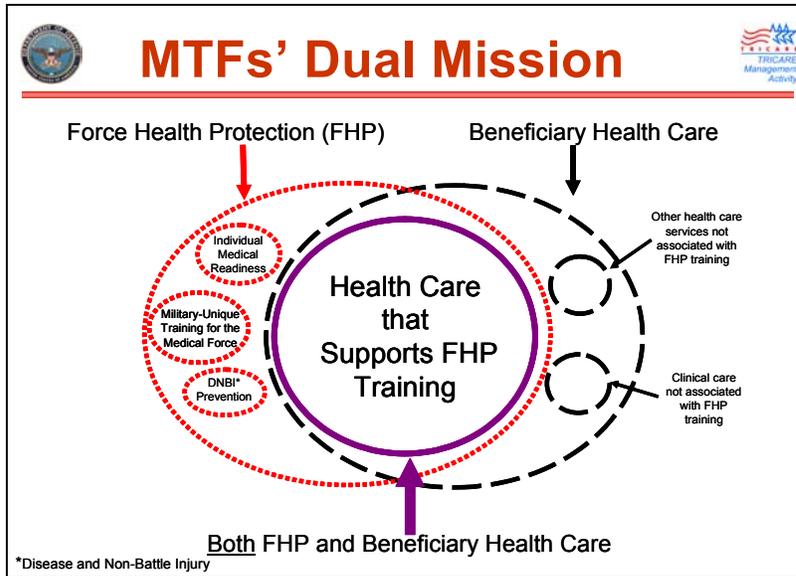
- Provides oversight of regional operations and health plan operations
- Manages the managed care support contracts for all eligible MHS beneficiaries in the region
- Supports the MTF Commanders in their efforts to optimize health care services in the MTFs
- Develops business plans for non-MTF areas (e.g. remote areas)
- Funds regional initiatives to optimize and improve delivery of health care

Senior Market Manager

- Applies to the MTF commander designated by the Surgeons General to be the market manager for each of the 13 multi-service markets
- Leads a collaborative process to develop a consolidated business plan for the market and to jointly work resource issues
- Uses a single integrated business plan that includes plans for appointing services, resource sharing, optimization initiatives, and DoD/VA sharing opportunities
- Makes recommendations concerning short-term operational decisions

MTF Commanders

- Develop and submit the business plan for their market (e.g. 40 mile catchment area)
- Develop and implement joint programs in multiple service market areas
- Identify and develop sharing initiatives with the Veterans Health Administration
- Manage the care of all MTF Prime enrollees under revised financing
- Support and participate in regional activities as requested



Definition of Force Health Protection

“The medical portion of Force Protection. All measures taken by commanders, leaders, individual Service members, and the Military Health System to promote, improve, conserve, or restore the mental and physical well being of Service members across the range of military activities and operations. These measures enable the fielding of a healthy and fit force, prevention of injuries and illness and protection of the force from health hazards, and provision of excellent medical and rehabilitative care to those who become sick or injured anywhere in the world. [1]”

[1] OJCS J-4 capstone publication, Force Health Protection, November 6, 2003, taken from Appendix B, Glossary.

Beneficiary Counseling and Assistance Coordinator

- Provides assistance for eligible TRICARE beneficiaries regarding military entitlements for medical and dental care.
- Serves at each TRICARE Regional Office and MTF.
- Works closely with the managed care support contractor (MCSC) staff.
- Advocates for beneficiaries in resolving problems.
- Improves customer service and satisfaction, enhances beneficiary education, and reduces congressional inquiries from beneficiaries.
- The BCAC directory is available on the TRICARE Web site – www.tricare.osd.mil/BCACDirectory.htm
- DODI Number 6015.23 – www.dtic.mil/whs/directives/corres/pdf/i601523_103002/i601523p.pdf

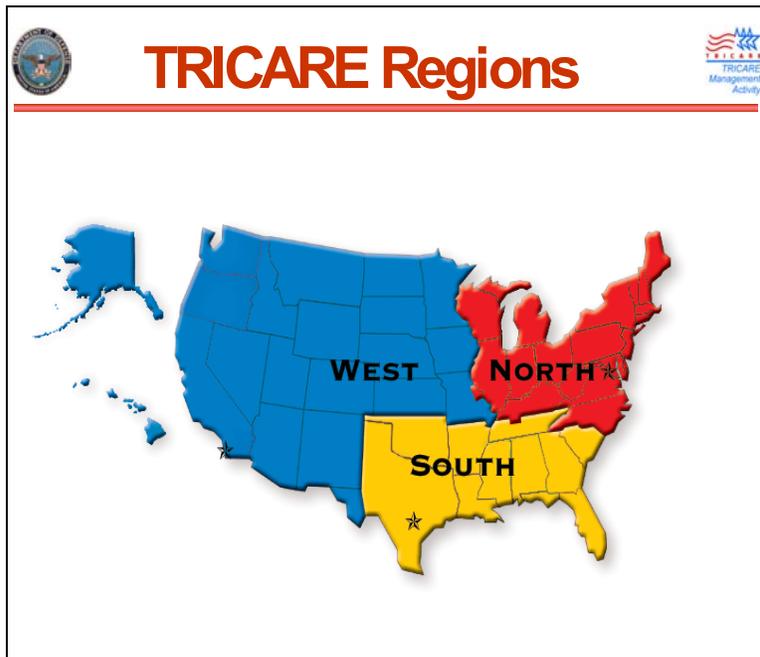
Debt Collection Assistance Officer (DCAO)

- Program directed by the Under Secretary of Defense, (Personnel & Readiness)
- Serves at each TRICARE Regional Office and MTF.
- Becomes involved when beneficiary notified of collection action.
- Collects copies of all pertinent information from beneficiary, i.e. EOB, bills, notices, and collection letters.
- Obtains all required documentation release authorizations from beneficiary and files in local case file, verifying beneficiaries understanding to be provided.
- Notifies, by telephone or in writing, interested parties such as providers and collection agencies that the case is being reviewed and requests a temporary suspension of all further collection action until completion of review.
- Provides beneficiary fact sheet on explaining the beneficiary's rights under the Fair Debt Collection Practices Act.
- Assists beneficiaries in confirming the validity of collection claims and negative credit reports incurred from medical and dental care under the TRICARE program.
- Takes all measures necessary to resolve pertinent issues.
- Refers cases to MCSC/Overseas claims processor or dental claims processor if unable to resolve issue at local level.
- Submits cases of "balance billing" to the MCSC Office of Program Integrity.
- Ensures cases are resolved within required time frame.
- Notifies beneficiary of findings and results within five days of resolution.
- DCAO directory available on TRICARE Web site – www.tricare.osd.mil/DCAODirectory.htm
- DCAO Training Manual – www.ccscallcenter.net/usermanual.pdf

Other Roles within the TRICARE Regional Office include the following:

- Medical Director (referrals, UM/QM/CM)
- Managed Care Director (networks, marketing, BCAC, DCAO)
- Business or Finance Director (Resource Sharing/Support, Bid Price Adjustment analysis)
- Contracting Director (surveillance, deficiencies)
- Operations Director (TRICARE Prime Remote, Reserve component issues)
- Information Management Director (DEERS, CHCS, and so forth.)

Regions in the United States



The 3 Managed Care Support Contractors

- Each of the regions in the U.S. has an MCSC.
- MCSC's role is to help support and augment the services available at MTFs by developing a network of civilian hospitals and providers to meet the health care needs of TRICARE beneficiaries.
- The MCSCs perform varied functions at the regional level, including the following:
 - Establishing and maintaining the TRICARE Prime provider network
 - Delivering customer service
 - Operating TRICARE Service Centers (TSC)
 - Providing administrative support such as enrollment, disenrollment, and claims processing
 - Providing communications and educational information to beneficiaries and providers
 - Operating beneficiary information lines
 - Managing the referral function
 - Maintaining quality and disease management programs.
 - Perform utilization and medical review for referrals to the network according to best business process

The Role the TRICARE Service Centers Serve

- The TSC, staffed with beneficiary service representatives, provides the following to beneficiaries:
 - TRICARE benefit interpretation
 - TRICARE Prime enrollment form receipt
 - Primary care manager selection and change form receipt
 - Claims status and claims resolution
 - Program and eligibility information
 - TRICARE network providers and pharmacies lists
 - Fraud reporting
- Many TSCs are collocated within an MTF, although some are freestanding on military installations and in the community.
- There will be a virtual TSC that is Web-based and will perform the same functions as an MTF-based TSC
- To locate a TSC, go to www.tricare.osd.mil/tricare-servicecenters/default.cfm.

Remember that both MCSCs and TRICARE Regional Offices receive overall guidance from the TMA.

West

West comprises Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner including El Paso only), Utah, Washington, and Wyoming

TriWest Healthcare Alliance	
Toll-free Phone	1-888-874-9378 (1-888-TRIWEST)
Web site	www.triwest.com
Claims Mailing Address	West Region Claims, P.O. Box 77028, Madison, WI 53707-7028
Toll-free Phone for Claims	1-888-874-9378
Claims Web site	www.tricare4u.com
TRICARE Regional Office Web site	www.tricare.osd.mil/west/default.cfm

North

North comprises Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin, and portions of Tennessee (Ft. Campbell area), Iowa (Rock Island Arsenal area), and Missouri (St. Louis area)

Health Net Federal Services, Inc.	
Toll-free Phone	1-877-874-2273 (1-877-TRICARE)
Web site	www.healthnetfederalservices.com
Claims Mailing Address	Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140, Surfside Beach, SC 29587-9740
Toll-free Phone for Claims	1-800-930-2929
Claims Web site	www.mytricare.com
TRICARE Regional Office Web site	www.tricare.osd.mil/north/default.cfm

South

South comprises Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (except the Ft. Campbell area), and Texas (except the southwestern corner including El Paso)

Humana Military Healthcare Services	
Toll-free Phone	1-800-444-5445
Web site	www.humana-military.com
Claims Mailing Address	TRICARE South Region, Claims Department P.O. Box 7031, Camden, SC 29020-7031
Toll-free Phone for Claims	1-800-403-3950
Claims Web site	www.mytricare.com
TRICARE Regional Office Web site	www.tricare.osd.mil/south/default.cfm

Overseas Regions

- The three overseas TRICARE Area Offices (TAO) are Europe, Latin America/Canada, and Pacific:
- The Regional Deputy Director rather than a managed care support contractor manage the TRICARE Overseas Program.

TAO Europe, TAO Pacific, and TAO TLAC (Latin America/Canada)

TAO Europe comprises Europe, Africa, and the Middle East. (120 countries over 3 continents, and 11 time zones)

TAO Pacific comprises the Western Pacific/Far East, which includes China, Thailand, Korea, Australia, Japan, and so forth.

TAO TLAC comprises Canada, the Caribbean, and Central and South America.

The information below will assist with claims processing. Also listed is a toll-free number to contact the overseas regional offices.

TRICARE Overseas	
Toll-free Phone	1-888-777-8343
Claims Mailing Address TAO Pacific and TLAC	WPS—Foreign Claims, P.O. Box 7985, Madison, WI, USA 53707-7985
Claims Mailing Address TAO Europe	Active Duty: WPS—Active Duty Claims Processing, P.O. Box 7968, Madison, WI, USA 53707-7968 Active Duty family members: WPS—Claims Processing, P.O. Box 8976, Madison, WI, USA 53708-8976
Commercial Phone for Claims TAO Europe and Pacific	1-608-301-2310
Commercial Phone for Claims TAO TLAC	1-608-301-2311
Web site TAO Europe	www.tricare.osd.mil/regionalinfo/list.cfm?RegionID=13
Web site TAO Pacific	www.tricare.osd.mil/pacific/default.cfm
Web site TAO TLAC	www.tricare.osd.mil/regionalinfo/list.cfm?RegionID=16

Where it all Began

Before 1884 Military Medical Care was for Military Members Only

- July 1775, the Congress established a “hospital” (actually a medical department) in Massachusetts with a Director-General (chief physician of the hospital), four surgeons, an apothecary (pharmacist), and nurses (usually wives or widows of military personnel) to care for military members.
- 1818, Secretary of War John C. Calhoun established a permanent medical department.

Military Medical Care for Families

- 1884—Congressional direction
 - “Medical officers of the Army and contract surgeons shall whenever possible attend the families of the officers and soldiers free of charge”
- 1943—Congress authorizes Emergency Maternal and Infant Care Program (EMIC)
 - Provided maternity care and care of infants up to one year of age for wives and children of Service members in the lower four pay grades
 - Administered through state health departments
- 1956—Dependents Medical Care Act
 - Amendments to this Act created what would be called CHAMPUS
- 1966—Civilian Health and Medical Program for the Uniformed Services (CHAMPUS)
 - Authorized ambulatory and psychiatric care for active duty family members
- 1967—Retirees, their family members and certain surviving family members of deceased military sponsors were brought into the program

Healthcare under CHAMPUS

- 1965 to 1993—CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services
 - It served the military for over 30 years
 - A cost-sharing program used to provide inpatient and outpatient care for:
 - Active duty family members from civilian sources when they could not get inpatient and outpatient care through a military hospital or clinic.
 - Family members of either deceased or retired personnel or retired military personnel and their family members under the age of 65.
 - Space available care in MTF was available for all non-active duty
 - Civilian care required:
 - Annual deductible
 - Cost share for every visit
 - Non availability statements for inpatient care
 - No continuity of care

TRICARE is Conceived

- 1980s—CHAMPUS “demonstration” projects
- 1988—CHAMPUS Reform Initiative (CRI)
 - California and Hawaii
 - Offered family members a choice of ways in which they could use their military health care benefits
 - 5 years of successful operation and high levels of patient satisfaction

TRICARE is Born

- 1993—Department of Defense officials, along with Congress extend and improve the CRI
 - The improved program is called TRICARE
 - TRICARE Standard is what CHAMPUS was
 - Coverage, deductibles, cost shares, and claim-filing rules stayed the same.
 - Essentially the name just changed.
 - With the switch to the TRICARE name, the three options were implemented:
 - TRICARE Prime—basically the care received in MTFs
 - TRICARE Standard—same as CHAMPUS
 - TRICARE Extra—it’s TRICARE Standard with a discount due to negotiated fees with providers in a network

National Defense Authorization Act (NDAA)



Legislation



- **National Defense Authorization Act**
- **Defense Appropriations Act**
- **32 CFR Part 199**
- **Title 10**
- **Title 32**

- The NDAA is under the jurisdiction of the Senate and House Armed Services Committees.
- Title VII is TRICARE, medical and dental programs under the NDAA.
- The NDAA provides statutory direction across all DoD programs by establishing, changing, or eliminating programs and activities:
 - Example: Preauthorization elimination.
 - In NDAA FY 2003, Section 701 prohibits TRICARE preauthorization requirement for inpatient mental health cases where Medicare has already authorized the care and Medicare is the primary payer.
 - Requires advance authorization for a continuation of inpatient mental health services when Medicare coverage terminates.
 - To implement this, it needs a regulation change.
 - Result of the NDAA: Preauthorization is no longer required.
- In DoD, a requirement could also be viewed as a new service which is:
 - Identified with an assessment of how much the new service will cost.
 - Presented to the legislative staffers to develop a bill that goes before Congress for funding.

Changes to TRICARE benefits are presented from Congress through the annual NDAA process.

Although these changes are listed in the NDAA, the implementation dates are staggered due to several factors including waiting for the following:

- Public review/comment
- Funding
- Contract awards
- Policies to be written
- Contractor implementation

The staggered implementation dates allow for staffing of requirements through the TMA Directorates causing different dates between implementation and execution.

This fine-tuning is one of the reasons that make it appear that the TRICARE benefits program has had several changes.

Other Legislation to be Familiar With

Defense Appropriations Act (DAA)

- Provides funding or budget authority for authorized agencies, programs, and activities.
- Establishes spending levels for programs and activities.
- Under the Constitution, all appropriations must originate in the House of Representatives.
- Comes under the jurisdiction of the Senate and House Appropriations Committees.

32 Code of Federal Regulations (32 CFR) Part 199

- After the NDAA and Defense Appropriations Act become Public Law, Executive departments and agencies implement laws by publishing their rules in the Federal Register.
- The rules describe in detail how the statutory mandate or statutory discretion will be implemented by DoD.
- Part 199 contains the regulations published in the Federal Register relating to the CHAMPUS/TRICARE program.

Title 10

- The U.S. Code is divided into 50 titles, and Title 10 dictates Armed Forces matters.
- Chapter 55 of Title 10 covers medical and dental care.
- When laws are enacted that affect military health care, they normally amend Title 10, Chapter 55.

Title 32

- U.S. Code title that covers the National Guard

Key Points in the FY 2005 NDAA

The FY 2005 NDAA authorizes several new permanent provisions to enhance access to TRICARE for active duty service members, members of the Selected Reserve and National Guard, and their eligible family members.

- Section 701 expands health coverage for certain eligible service members by authorizing TRICARE Standard coverage for members in the Selected Reserve, and their eligible family members, who commit to continued service upon release from active duty.
 - Under this program, the Selected Reserve members will pay a premium for self, or self and family member enrollment, equal to 28% of the amount determined by the Department of Defense as reasonable for TRICARE Standard coverage.
 - DoD will implement this new program by April 26, 2005.
- Also included in this Act are provisions that make permanent two temporary provisions of the NDAA for FY 2004:
 - Early eligibility for TRICARE (pre-activation) up to 90 days)
 - Extension to 180 days of transitional health care benefits after active service
 - These provisions became effective on October 28, 2004
- The FY 2005 NDAA also provides authorization to:
 - Waive TRICARE deductibles for families of activated reservists
 - TRICARE to pay non-participating providers up to 115 percent of the TRICARE maximum allowable charge when they treat family members of activated reservists
 - Provide permanent military ID cards for spouses and survivors age 75 and older, to avoid having to renew their ID cards or risk interruption of their health coverage because their ID cards expired

TRICARE Accomplishments

1995

Mar – First TRICARE region in Washington and Oregon (Region 11)

Oct – Nurse advice lines toll-free worldwide

Nov – Catastrophic cap reduced from \$7,500 to \$3,000 per year, non-active duty TRICARE Prime enrollees

1996

Jan – Expanded TRICARE/CHAMPUS breast cancer demonstration project

May – TRICARE Web site www.tricare.osd.mil stood up

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1997

Jul – TRICARE Prime enrollment portable across regions

Oct – TRICARE Selected Reserve Dental Program

Oct – National Mail Order Pharmacy

1998

Feb – Retiree Dental Program

Feb – TRICARE Management Activity (TMA) established as a DoD field activity

Mar – Stopped balance billing of TRICARE Prime enrollees by non-participating providers

Mar – Limited balance billing by non-institutional providers

Jun – The final TRICARE region (Northeast) was put in place

Sep – TRICARE Senior Prime demonstration

1999

Feb – TRICARE provider payment rates equal to or higher than Medicare rates

Jun – Automatic re-enrollment for TRICARE Prime enrollees

Oct – TRICARE Prime Remote for active duty personnel

Oct – Centralized active duty claims payments

2000

Jan – Designated Beneficiary Counseling & Assistance Coordinators (BCACs) at every Lead Agent and Military Treatment Facility (MTF)

Jul – Established Debt Collection Assistance Officer (DCAO) Program

Oct – Catastrophic cap reduced from \$7,500 to \$3,000 per year, uniformed services retirees, their family members, and survivors using TRICARE Standard and TRICARE Extra

Oct – Enhanced coverage under the TRICARE Retiree Dental Program became effective

2001

Feb – TRICARE Dental Program, combined TRICARE Family Member Dental Plan and TRICARE Selected Reserve Dental Program

Feb – National toll-free number for TRICARE For Life

Apr – TRICARE Senior Pharmacy program was implemented

Apr – National toll-free numbers for TRICARE Senior Pharmacy and TRICARE Prime Remote for active duty and their family members

Apr – Eliminated copays for active duty family members enrolled in TRICARE Prime

Oct – TRICARE For Life – provides second payer to Medicare coverage to uniformed services retirees, their family members, and survivors who are age 65 years and over

Oct – Chiropractic care benefit for active duty uniformed services members

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2002

Jan – TRICARE Transitional Health Care Demonstration Project for 60 to 120 days for family members of active duty sponsors involuntarily separated from military service under honorable conditions or family members of Reserve component members separated after serving on active duty for more than 30 days in support of contingency operations

Sep - TRICARE Prime Remote for active duty family members

Oct – TRICARE Online (tricareonline.com) implemented with symptom checker, prescription checker, personal health journal, consumer health information, disease management tools, and online appointment scheduling with their assigned MTF primary care managers for TRICARE Prime and TRICARE Plus enrollees

Dec – Awarded TRICARE Global Remote Overseas contract to International SOS Assistance, Inc., to standardize the benefit across all remote overseas regions

2003

Mar – TRICARE Mail Order Pharmacy contract to Express Scripts, Inc.

Apr – TRICARE implements patient privacy standards mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Apr – First TRICARE Fundamentals Course taught

May – TRICARE Retiree Dental Program contract to Delta Dental Plan of California

Sep - TRICARE Global Remote Overseas contract begins

2004

Feb – Automatic issuance of Certificates of Creditable Coverage for those who lose TRICARE eligibility

Apr – Dual-eligible Claims Processing contract to Wisconsin Physician Services Insurance Corp.

May – New contract to provide health care to active duty and their families started in Puerto Rico

Jun – Health Care Services and Support contracts to Health Net Federal Services Inc. (North), TRIWEST Healthcare Alliance Corporation (West), and Humana Military Healthcare Services (South)

Jun – TRICARE Retail Pharmacy contract to Express Scripts, Inc.

Nov – Transition to 3 stateside regions is completed

- 9.1 million beneficiaries
 - Official number comes from the Health Affairs (HA) Chief Financial Officer every summer – look for an announcement on the HA/TMA Web site
- 5.1 million TRICARE Prime enrollees
- 70 military hospitals and medical centers
- 411 medical clinics
- 417 dental clinics
- 131,000 personnel

For More Information

Staying current on changes to TRICARE is key to doing your job well.

There are several avenues:

- Request your name be added to TMA's BCAC push-out email list
- Subscribe to the various "TRICARE E-Mail Subscriptions" at www.tricare.osd.mil/TRICAREsubscription the available subscriptions include:
 - Evening Edition News: A daily compilation of TRICARE, Department of Defense, and national health care news
 - Fact Sheets: You will receive updates as new fact sheets are posted and updates are made to existing fact sheets
 - Media Readiness Room: Weekly updates on current military health care news. Includes monthly Dr. Is In column, TRICARE Stars, Federal Register Notices, and good news stories
 - What's New on the TRICARE Web Site: Provides weekly updates highlighting content updates to the TRICARE Web site. Highlights include weekly TRICARE news releases and their sources, fact sheets, newly designed and redesigned Web sites
 - TRICARE Outreach to Senior Leaders: Monthly updates targeted to Senior Leaders about TRICARE programs and activities for active and Reserve Component members to help them meet their commands' medical readiness and quality of life missions
 - Health Care Survey for DoD Beneficiaries Web site updates: Provides content updates to the health care survey Web site
 - TRICARE Management Activity Privacy Office: Get the latest updates from the Privacy Office including privacy and security policies, forms, and other documents
 - TRICARE Webmaster's Toolkit
 - Be notified! You can even subscribe to be notified when new e-mail subscriptions become available.

Summary



Module Objectives



- **Understand the Military Health System's organization**
- **Identify the TRICARE regions**
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- **Explain the purpose of the National Defense Authorization Act (NDAA)**

Roles and Responsibilities of Debt Collection Assistance Officers

As per DCAO Training Guide, July 2000

The Under Secretary of Defense (P&R) has mandated establishment of Debt Collection Assistance Officers (DCAOs) at each Lead Agent and Military Treatment Facility by 26 July 2000. DCAOs will assist beneficiaries in determining the validity of collection agent claims/negative credit reports received for debts incurred as a result of medical/dental care under the TRICARE Program, and will take all measures necessary to resolve the issues presented. As such, DCAO responsibilities include:

- Responsibility for casework and resolution for all cases presented.
- Assisting the beneficiary to obtain a determination as to whether or not the basis for the underlying alleged debt or collection notice is valid, in whole or part, when the beneficiary presents documentation from a provider or collection agency for services rendered to the beneficiary. DCAOs will transmit documentation to the MCSC or dental contractor collections unit within 1 working day of receipt from beneficiary. (NOTE: debt collection issues that have not been forwarded to a collection agency will be referred to the regional/MTF BCAC).
- Collecting copies of all pertinent documentation available from the beneficiary concerning the case; i.e., provider bills and notices, TRICARE Explanations of Benefits, letters from providers/credit reporting agencies etc.
- Obtaining a Privacy Act Notice and advertisement from the beneficiary to maintain information regarding the assistance offered by the DCAO.
- Assigning case numbers and forwarding copies of beneficiary documentation to the Managed Care Support Contractor's (MCSC) Priority Collections Unit in the region service was rendered (or appropriate Dental Collection Unit), for expedited investigation.
- Notifying, by telephone or in writing, provider(s) and collection or credit reporting agency(ies) that the beneficiaries' case is being reviewed by the MCSC.
- Tracking the timeframe for case resolution.
- Preparing and forwarding case completion letter to the beneficiary upon receiving written determination of the investigation outcome. If applicable, the DCAO will confirm, within 30 days of case resolution, that provider/beneficiary has received payment.
- Providing written guidance on further action available to the beneficiary when appropriate, i.e., contact numbers for local JAG offices, Family Support Centers, Ombudsmen, and financial assistance resources such as Service-specific relief organizations. Additionally, providing the beneficiary a fact sheet explaining the beneficiary's rights under the Fair Debt Collection Practices Act.

- Maintaining a database of cases prescribed/created by TMA to include:
 - Sponsor's name, SSN, address, contact phone numbers, e-mail address.
 - Patient's name and relationship to the sponsor.
 - Brief summary of issue presented.
 - Date case received.
 - Date case forwarded to MCS.
 - Date investigation results received from MCSC.
 - Date beneficiary notified of outcome.
 - Course of further action, if appropriate.
- Submitting "balanced billing" cases to TMA Office of Program Integrity.
- Reporting Requirements a/o 4 Sep 02:
 - The Office of Communication and Customer Service (Beneficiary Education) launched a cutting edge tracking tool in September, 2001 for the management of DCAO case workload. The creation of this application voided the requirement for monthly reporting at all levels. TMA maintains the database and provides assistance, as needed, to the field for operability and functionality purposes.
 - Debt Collection Assistance Officers will enter validated debt collection cases into the Debt Collection Officer Web Portal (www.ccscallcenter.net) as cases are presented. (Specific procedures are listed in the Debt Collection Assistance Officer Training Guide located in the portal.)
 - Predesigned reports are available for review via the web-portal by MTF DCAOs, Lead Agent DCAOs, and designated service representatives. (Note: The level of access granted determines the actual amount of tabular/global data a DCAO can obtain.)

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E2. ENCLOSURE 2

ROLES AND RESPONSIBILITIES FOR BENEFICIARY COUNSELING AND ASSISTANCE COORDINATORS (BCACs)

E2.1. GENERAL ROLES

As developed between the Services and TMA, BCACs, including Reserve Component BCACs, shall carry out their responsibilities and fulfill their generalized roles to:

- E2.1.1. Serve as beneficiary advocates and problem solvers, providing dedicated service to all MHS beneficiaries.
- E2.1.2. Receive inquiries directly from beneficiaries, the DoD Components, other Agencies, and various interested parties.
- E2.1.3. Coordinate with appropriate points of contact throughout the MHS, including TRICARE contractor points of contact, to best meet beneficiary needs for information or assistance.
- E2.1.4. Help resolve issues by openly communicating with all involved parties.
- E2.1.5. Ensure TRICARE information and assistance with accessing health care services is available across the TRICARE system for eligible beneficiaries.
- E2.1.6. Help beneficiaries resolve concerns when they are not satisfied with services from other parties.
- E2.1.7. Counsel beneficiaries and clarify information on their TRICARE benefit (including such options as TRICARE Prime Remote, TRICARE For Life, Dental Programs, and other Demonstrations/ Projects, etc.) and consult with others as necessary.
- E2.1.8. Work with functional experts to provide enrollment, beneficiary counseling, and claims processing information. BCACs shall describe or seek clarification on eligibility requirements and benefits based on the category of beneficiary seeking assistance.
- E2.1.9. Respond, as directed, to beneficiary, provider, and congressional inquires on TRICARE matters.
- E2.1.10. Address access to health care complaints, ensuring that beneficiaries get the appropriate benefits and services to which they are entitled.

E2.2. OPERATIONAL ACTIVITIES

E2.2.1. TRICARE Regional Office BCACs shall:

E2.2.1.1. Be responsible for working beneficiary issues that cross regional boundaries.

E2.2.1.2. Disseminate current and correct information on TRICARE and regional regulations, policies, and procedures to MTF, Reserve Component, Recruiting Command and others serving as BCACs to facilitate these BCACs' ability to perform their jobs.

E2.2.1.3. Act as liaisons to resolve issues with MTF and other BCACs, TRICARE Contractors, Fiscal Intermediaries, the Services, and other concerned parties, when such issues are not resolved at the local level.

E2.2.2. BCACs shall:

E2.2.2.1. Follow-up on and troubleshoot problems beneficiaries have processing claims, enrolling in programs, and receiving authorization for services or other system problems that are exceedingly complicated, unduly delayed, or inappropriately handled.

E2.2.2.2. Bring identified systemic problems to the appropriate TRICARE Regional Office Director or MTF/Other point of contact to address.

E2.2.2.3. Analyze, research, and resolve TRICARE inquires, regardless of how they were received; i.e., written, telephonic, and/or electronic (e-mail).

E2.2.2.4. Provide information and assistance based on personal, written, or telephone inquiries and address inpatient and outpatient care based on TRICARE program elements.

E2.2.2.5. Maintain statistical data and generate reports to TRICARE Regional Office Directors and/or MTF Commanders on workload volume and categories of cases encountered .

E2.2.2.6. Use information gleaned from reports to make suggestions for developing and marketing beneficiary education efforts to improve understanding of issues.

E2.2.2.7. Maintain formal documentation process for tracking problem resolution.

E2.2.2.8. Ensure external communications are consistent with the strategies and objectives established by TRICARE Regional Office Directors and MTF Commanders.

E2.3. CONTACTS REQUIRED FOR BCAC DUTIES

BCACs shall:

E2.3.1. Facilitate ongoing, appropriate, and effective communication between TRICARE Regional Offices, MTFs, TRICARE Service Centers, TRICARE Contractors, and others when coordinating on and resolving issues.

E2.3.2. Coordinate with staff subject matter experts on issues, as necessary.

E2.3.3. Keep the military chain of command, the Services, and TMA informed of ongoing issues and special cases.

E2.3.4. Maintain a continuing cooperative relationship with various agencies, including TRICARE Regional Offices, the Service Surgeon General offices; MTFs/Others, TRICARE Service Centers, TRICARE Contractor regional and corporate offices; TRICARE Management Activity; Social Security Administration; Centers for Medicare and Medicaid Services; Department of Veterans Affairs; Dental Agencies; Fiscal Intermediaries and/or Claims Processing Offices; and Congressional field offices.

E2.4. CLAIMS ASSISTANCE

BCACs shall:

E2.4.1. Provide or directly communicate information on healthcare services that TRICARE covers and excludes and convey how these benefits and policies integrate with other healthcare sources.

E2.4.2. Explain a beneficiary's costs and responsibilities when enrolling in TRICARE Prime/Prime Remote or accessing services under the TRICARE Extra or Standard, TRICARE For Life or other options.

E2.4.3. Help beneficiaries understand the TRICARE claims process, including information on resolving unpaid healthcare claims, pre-authorization requirements, and third-party liability.

E2.4.4. Help resolve DEERS eligibility and enrollment problems.

E2.5. APPEALS AND GRIEVANCES

E2.5.1. TRICARE Regional Office BCACs shall:

E2.5.1.1. Handle issues received from beneficiaries, MTFs, TRICARE Service Centers, or others that staff there has not been able to resolve.

E2.5.1.2. Work directly with beneficiaries who feel they have exhausted the military or civilian systems resources and/or have become dissatisfied with services they received.

E2.5.2. BCACs shall:

E2.5.2.1. Explain appeals and grievance procedures and advise beneficiaries on the appropriate use of these procedures.

E2.5.2.2. Refer cases to points of contact that can provide detailed and specific information on how to access TRICARE services and what steps beneficiaries can take if not satisfied with services received.

E2.6. KNOWLEDGE AND SKILLS

The TRICARE Regional Office/Reserve Component BCAC requires the following:

E2.6.1. Expert knowledge of the TRICARE program policies and reference manuals.

E2.6.2. In-depth knowledge, experience, and training to handle and solve complex issues that arise when addressing healthcare benefits.

E2.6.3. Tact, diplomacy, and restraint in counseling and explaining entitlements, benefits, and responsibilities to all beneficiaries.

E2.6.4. Understanding of the MHS and TRICARE program elements.

E2.6.5. Mastery of oral and written communication skills and customer service principles, methods, practices, and techniques and analytic methods, including using research tools, analysis, and interpersonal relations practices.

E2.6.6. Practical knowledge and understanding of TRICARE contract language, regional health care issues and initiatives, and other Federal health benefits programs.

E2.6.7. Knowledge of basic principles and practices relating to the entire military healthcare delivery system.

E2.6.8. Knowledge of TRICARE healthcare claims processing regulations, procedures, and policies to ensure payment of legitimate claims.

E2.6.9. Knowledge of region-specific TRICARE contracts relating to authorized benefits and requirements needed to obtain healthcare.

E2.7. COMPLEXITIES ASSOCIATED WITH THE BCAC POSITION

The BCAC shall:

E2.7.1. Have a thorough understanding of the TRICARE benefit, related regional contracts, and MTF and/or Service-specific regulations, including practical knowledge of TRICARE special benefit programs and general understanding of the MHS.

E2.7.2. Remain abreast of continual updates/changes to the variety of health benefits programs available to beneficiaries at the appropriate OASD(HA), TMA, regional, and MTF level.

E2.7.3. Be able to organize, prioritize, complete, and track multiple complaints, issues, and projects.

E2.7.4. Exercise a great deal of initiative, independence, and considerable judgment in interpreting issues and adapting existing practices and precedents, using these skills when developing approaches that integrate all aspects of TMA's objectives to establish a unified beneficiary services program.

E2.7.5. Prioritize and reconcile benefit issues, working through different sources/agencies.

E2.7.6. Use Guidelines and Regulations that are often complex and under continuous change, cover many different programs, and may require extensive interpretive judgment.

E2.8. RESOURCES AVAILABLE TO BCACS

E2.8.1. The BCACs most frequently use OASD(HA)/TRICARE policy and program documents, TRICARE contracts, DoD documents, Directives, Manuals, and Service-level instructions. They also use:

E2.8.1.1. General policy statements and statutory mandates, such as general guidance in DoD Instructions pertaining to correspondence.

E2.8.1.2. Applicable TMA Operations and Policy Manuals, including the appropriate Code of Federal Regulations.

E2.8.2. MTF Commanders shall define, under the guidance of their respective Military Departments, specific details regarding MTF BCAC roles and responsibilities.

E2.9. OPERATIONAL ACTIVITIES PERFORMED BY BCACs

E2.9.1. The BCAC, whom the beneficiary contacts, assumes responsibility for the issue and/or inquiry from the time of initial contact until the issue is resolved.

E2.9.2. BCACs shall ensure assignment of a case identifier to each beneficiary case, using a TMA-developed application and database or program. BCACs shall track all cases, categorizing caseload by data elements and timeliness of resolution.

E2.9.2.1. After entering the case, BCACs shall determine whether the issue shall be resolved at the local, regional or other level, i.e., MTF, Services, TMA, or TRICARE Contractor, forwarding cases as necessary.

E2.9.2.2. BCACs shall annotate confirmation of case acceptance and identification of the responsible action point of contact for cases referred out to others or referred in by others; inter-regional cases will go through the TRICARE Regional Office BCAC for coordination purposes.

E2.9.2.3. TRO BCACs shall assist and ensure cases referred to other action offices meet identified resolution timeline requirements. MTF Commanders and MTF BCACs shall establish internal procedures to achieve the same result.

E2.9.3. BCACs shall comply with case completion time requirements as follows: Resolve "Priority" cases, i.e., those cases forwarded on behalf of a beneficiary by OASD(HA), TMA, members of Congress or those otherwise designated as Priority by the TRICARE Regional Office Director/MTF Commander, within ten (10)-calendar days. Resolve Routine issues within thirty (30)-calendar days. BCACs may modify the established case resolution timelines to meet compliance standards.

E2.10. CASE CLOSURE

The BCAC accepting a specific case shall notify the beneficiary of case closure and determine beneficiary satisfaction with case outcome via an oral, written, or automated process.

E2.11. COORDINATION

BCACs are responsible for coordinating data and generating reports on beneficiary issue caseloads.

E2.11.1. TRICARE Regional Office and MTF BCACs shall provide data input based on established methodology to support MHS-wide reporting. TMA (Communications and Customer Service) will create and distribute standardized regional and Service-specific reports, based on data input received through coordination with the Services.

E2.11.2. BCACs shall generate regional or MTF-specific ad hoc reports as required by Director, TRO and/or MTF Commanders to meet specific needs.